U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMOLOGIANA	
O'A'S ORD	
1. File Number U - 6.302	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Iruing 5 WOOD	Name Teamster Local 669
	Labor Organization File Number 022-454
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 890 Third Street	Street 890 This Storet
City ALBANY NY	City ALBANY
State Ny ZIP Code + 4 12 2 0 6	State New York ZIP Code + 4 1220 6
5. Position in labor organization. See 4 Treasurer	P.Ko.
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
15 Signature and wait at T	
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section.)	rjury and other applicable penalties of the law, that all of the information documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)
Signed 5 Wood	on 8/9/05 518-438-8912
rm LM-30 (2003)	Vate \ Telephone Number

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Name of Person Filing The City Control	Name of Person Filing Tairing Wood	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Dair Local 31 le Pension Fundame, if any:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street RH 83 PART AN ROAN  City Liver Pool  State New York ZIP Code + 4 1 30 90	9. Business deals with:	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Sair Local 314 Persion Tool  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2483 Moran R  City Liver Pool  State New York ZIP Code + 4 130%		of such dealing. 3, 824,00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

Name of Person Filing Trulng Wood		File Number U-	
B. Held an interest in or derived income substantial part of which consists of buyi of an employer whose employees your la (2) any part of which consists of buying fi dealing with your labor organization or w	ng from, selling or leasing to, or othe abor organization represents or is act rom or selling or leasing directly or in	wise dealing with the busines: ively seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including Name Darry Local)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Darry Park  City Liver pool  State vew York	316 Pension Form	9. Business deals with:  a. Labor Organizal  b. Trust  c. Employer	lion
Trade Name, if any: P.O. Box, Bldg., Room No., if any	ic Pension Fund	11.a. Nature of such dealin	s. westing
Street 7483 Maryan OFF.ce Park City Liver pook State New York	Ronh ZIP Code + 4 13 0 C 0	11.b. Approximate dollar value 12.a. Nature of interest held	
C. Received from any employer (othe	r than an employer covered under	12.b. Amount. parts A and B above)	
or from any labor relations consultant to a  13.a. Name and address of Employer or Lab (including trade name, if any).	n employer any payment of money o	or other thing of value.  14.a. Nature of payment.	
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13.b. Is the Business an Employer

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Name of Person Filing Truing Wool	File Number U-
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or the selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name DRICT LOCAL 316 RENGION FOOR  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street J483 Mosgan Roan  OFFICE PREKAN ROAN  City Liver pool NY  State New Mork ZIP Code + 4130 90	9. Business deals with:  a. Labor Organization  b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name DAOR LOCAL 316 PERSION FUND  Trade Name, if any: 7483 More AN RD  OFF-W PARK  P.O. Box, Bldg., Room No., if any  Street  City Liver Pook  State New Yor C ZIP Code + 4 130 90	11.a. Nature of such dealing.  Trust Funk Meet.  11.b. Approximate dollar value of such dealing. 29. 41  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
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13.b. Is the Business an Employer

or Consultant

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ame of Person Filing Tourn S Wood		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MANNING OF PIEC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 290 WOON CLIFF Now  City Fair port  State New York ZIP Code + 4 1 44 5 0  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Main Local 316 Revisor of the control of the	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer  11.a. Nature of such dealin		
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
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P.O. Box, Bldg., Room No., if any			
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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filing Truing 5 Lucio	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Upstate My Bakery Driver's Tent Pension From Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1/03 State Tower Blog Street 1095 warren Street  City Sygaeuse	a. Labor Organization  b. Trust  c. Employer			
State New YORK ZIP Code + 4 13202				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name patate My Bakery Drivers  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1103  Street 1095 Warren Street  City Syeneuse  State Den York ZIP Code + 4 13203	11.a. Nature of such dealing.  EDUCATIONAL SEMINAT  LATE I NOLUME FOUNDAT, ON  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
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13.b. is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filling Irvw 3 Wool		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Up STATE MY BAKERY Drivers  Take Pension Form  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 103  Street 109 S WARREN STREET	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion
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State New York ZIP Code + 4 13303		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Upstate My Bakery Briver's Trust Pension Function  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1103  Street 109 S WArren Street  City Syracuse  State My, ZIP Code + 4 13202	11.a. Nature of such dealing to the such dealing of the such dealing to the such deali	of such dealing. #165.21
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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13.b. Is the Business an Employer

ZIP Code + 4

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Name of Person Filing True, Lubow	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to or otherwise
8. Name and address of Business (including trade name, if any).  Name UP STATE DY BAKERY Drivers  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 1103  Street 109. SWARREN STREET  City SYRRUBE  State Dew YORK ZIP Code + 4 130.00  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name UP Tite My BAKERY Drivers	b. Trust c. Employer  11.a. Nature of such dealing.
Name up dite he Bakery Drivers Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 103  Street 109 S Warren Street  City Syracuse  State New York ZIP Code + 4 13202	11.b. Approximate dollar value of such dealing. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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P.O. Box, Bldg., Room No., if any	
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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

Name of Person Filling Toward Survey	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Upstate Dy Bakery & Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1103  Street 109 S Warnen Street  City Syracise  State New York ZIP Code + 4 13202	a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Up state Ny Bakeny to Tab Pension Function  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1103  Street 10 e S warren Street  City Syracuse  State New York ZIP Code + 4 13252	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
State New York ZIP Code + 4 13203	·		
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C. Received from any employer (other than an employer covered unde	r parts A and R above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any			
Street			

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

Name of Person Filing Inuity 5 Wool		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Postate My Bakery Brivery Trade Name, if any:  P.O. Box, Bldg., Room No., if any 50 ite 103  Street 109 S Warren Street  City Syracuse  State New York ZIP Code + 4 13203	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion	
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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filing Town 5 Wook	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Upstate My Ratery Driver's Took Person Front Trade Name, if any:	a. Labor Organization	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

Name of Person Filing Trunk Q WON		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or otl of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to or otherwise	3
8. Name and address of Business (including trade name, if any).  Name Up State Dy Bakery Driver  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1103  Street 1095 WASTEN Street  City Syracuse My  State New York ZIP Code + 4 13203	9. Business deals with:	ion
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Trade Name, if any:		
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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filing	Room		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name Name Free Down CAPITA)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite  Street 138 Cohkege State  City South HADLEN  State MA ZIP Code  10. If 9.b. or 9.c. is checked give trust or employer's name of the state	+401075 - 1415 me.	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ng.
Name Up STATE NY BAKESON Trade Name, if any:  P.O. Box, Bldg., Room No., if any 50, Te		Fringt & C	of Meeting
Street 109 S WALTEN STATE TOWER BLASS City Syracuse my State New YORK ZIP Code	<b>S</b>	11.b. Approximate dollar value 12.a. Nature of interest held	e of such dealing.本日15、00 or income received.
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations (including trade name, if any).</li> </ol>	Consultant	14.a. Nature of payment.	
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Trade Name, if any:			
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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Marco Consulting Group  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1220 Alaws Street  City Boston  State Ma. ZIP Code + 4 02124	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
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P.O. Box, Bldg., Room No., if any suite 1103  Street 109 5 WARREN Street  State Tower BLDG  City Syracuse, by  State New York. ZIP Code + 4 13200	11.b. Approximate dollar value of such dealing

C. Received from any employer (or from any labor relations consultant	ither than an employer covered to an employer any payment of n	under parts A and B above) oney or other thing of value.
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City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.

Name of Person Filing TECINI S WOW		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Marco Consulting Group	9. Business deals with:		
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
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13.b. Is the Business an Employer

or Consultant

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Name of Person Filling TYVING 5 (LUO)	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Oppenhermer Capital  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1345 Avenue of The Amerch's  City New York  State New York  ZIP Code + 4 10105 -	9. Business deals with:  a. Labor Organization  b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Up state My Bakery a INT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Sette 103  Street 1095 Warren Street  State Tower Blog  City Syracuse  State Dew York ZIP Code + 4 13 203	11.a. Nature of such dealing.  DINNER & Gohf With  Uewbar  11.b. Approximate dollar value of such dealing. \$ 230.00  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.  r parts A and B above) or other thing of value
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

Name of Person Filing Truly 5	Roc	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Oppewhermer Capital	Business deals with:     a. Labor Organizat	ion	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust	· · · · · · · · · · · · · · · · · · ·	
Street 1345 Avenue OF The Americas	c. Employer		
State New York ZIP Code + 4 10105 -			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Upstate NY BAKERY 4IND  Trade Name, if any:	11.a. Nature of such dealing pinner Co	sa Ferance with	
P.O. Box, Bldg., Room No., if any Suite 1103  Street 109 S. WARREN Street  State Tower Blbg  City Syrreval	<ul><li>11.b. Approximate dollar value</li><li>12.a. Nature of interest held</li></ul>	- 10	
State NY ZIP Code + 4 13 20 3			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State 7IP Code + 4			

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing Tavingue S Let	do	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Opper hermer Cap, take  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1345 Avenue OF The Americas  City New York  State New York  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1183	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealin  white of the control of th	ig. Solf Conference
Street 1095 WARREN STREET STATE TOWER BLBS City Syrrouse State New York ZIP Code + 4 13200	11.b. Approximate dollar value 12.a. Nature of interest held	
	12.b. Amount,	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		ļ

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City